



Texas Department of Insurance

Division of Workers' Compensation

Medical Fee Dispute Resolution, MS-48

7551 Metro Center Drive, Suite 100 • Austin, Texas 78744-1645

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MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

GENERAL INFORMATION

Requestor Name and Address

CULEBRA INJURY & PAIN
1430 CULEBRA RD
SAN ANTONIO, TX 78201

Respondent Name

SAN ANTONIO ISD

Carrier's Austin Representative Box

Box Number 21

MFDR Tracking Number

M4-11-2348-01

MFDR Date Received

MARCH 7, 2011

REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "Timed codes are clearly documented."

Amount in Dispute: \$432.00

RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "Documentation in medical record for timed minutes does not match billed units."

Response Submitted by: IMO, 4100 Midway Road, Ste 1145, Carrollton, TX 75007

SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Amount In Dispute	Amount Due
8/30/2010 9/07/2010 9/13/2010 9/27/2010	97545-WC 97546-WC	\$432.00	\$ 0.00

FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

1. 28 Texas Administrative Code §133.307 sets out the procedures for resolving medical fee disputes.
2. 28 Texas Administrative Code §134.204 sets out the medical fee guideline for workers' compensation specific services provided on or after March 1, 2008.
3. The services in dispute were reduced/denied by the respondent with the following reason codes:

Explanation of benefits dated December 3, 2010 and December 7, 2010

- 16 – Claim/service lacks information which is needed for adjudication. Total number of timed minutes must be documented in the medical record. This bill was reviewed through the IMO nurse prescreen process.

Explanation of benefits dated January 25, 2011

- 16 – Claim/service lacks information which is needed for adjudication.

- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. Total number of timed minutes must be documented in the medical record. This bill was reviewed through the IMO nurse prescreen process. Notes: 70 minutes documented, code is for 2 hrs. Explanation of benefits dated January 25, 2011
- 16 – Claim/service lacks information which is needed for adjudication. Total number of timed minutes must be documented in the medical record. This bill was reviewed through the IMO nurse prescreen process. Notes: 70 minutes documented, code is for 2 hrs.
- 18 – Duplicate claim/service. Total number of timed minutes must be documented in the medical record. This bill was reviewed through the IMO nurse prescreen process. Notes: reference dcn 2701485/5 minutes documented
- 193 - Original payment decision is being maintained. Upon review, it was determined that this claim was processed properly. Total number of timed minutes must be documented in the medical record. This bill was reviewed through the IMO nurse prescreen process. Notes: 70 minutes documented, code is for 2 hrs.
- Notes: reference dcn 2701485/5 minutes documented

Issues

1. What are the guidelines when billing for a Work Conditioning Program?
2. Does the requestor's submitted documentation support the number of units billed?
3. Is the requestor entitled to additional reimbursement?

Findings

1. 28 Texas Administrative Code §134.204 (h)((1)(A) states, "If the program is CARF accredited, modifier 'CA' shall follow the appropriate program modifier as designated for the specific programs listed below. The hourly reimbursement for a CARF accredited program shall be 100 percent of the MAR." 28 Texas Administrative Code §134.204 (h)((1)(B) states, "If the program is not CARF accredited, the only modifier required is the appropriate program modifier. The hourly reimbursement for non-CARF accredited program shall be 80 percent of the MAR. 28 Texas Administrative Code §134.204(h)(2)(A)&(B) states, "The first two hours of each session shall be billed and reimbursed as one unit, using CPT Code 97545 with modifier 'WC.' Each additional hour shall be billed using CPT code 97546 with modifier 'WC.' CARF accredited Programs shall add 'CA' as a second modifier." 28 Texas Administrative Code §134.204(h)(2)(B) states, "Reimbursement shall be \$36 per hour. Units of less than one hour shall be prorated by 15 minute increments. A single 15 minute increment may be billed and reimbursed if greater than or equal to 8 minutes and less than 23 minutes."
2. Review of the requestor's submitted documentation finds copies of a CMS-1500 for each date of service, August 30, 2010, September 7, 2010, September 13, 2010, and September 27, 2010. The requestor billed one unit of CPT Code 97545-WC (2hours) and one unit (1hour) of CPT Code 97546-WC for each of the dates of service. A review of the requestor's daily activity/work conditioning notes finds that upon reconsideration the requestor corrected their medical records by noting the time in as 3 pm and the time out as 6 pm for each disputed date of service. However, after reviewing the daily activity/conditioning notes, it is unclear how the requestor calculated the time for each page of notes titled: STRETCHING, MAT STRETCHING, STRENGTHENING/CONDITIONING, and MISCELLANEOUS ACTIVITIES. The minutes billed for each of the disputed dates of service does not match the number of units billed.
3. Per 28 Texas Administrative Code §134.204 the requestor's documentation does not support the number of units billed therefore, reimbursement is not recommended.

Conclusion

For the reasons stated above, the Division finds that the requestor has not established that additional reimbursement is due. As a result, the amount ordered is \$0.00.

ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031, the Division has determined that the requestor is entitled to \$0.00 reimbursement for the disputed services.

Authorized Signature

Signature

Medical Fee Dispute Resolution Officer

01/31/2013
Date

YOUR RIGHT TO APPEAL

Either party to this medical fee dispute may appeal this decision by requesting a contested case hearing. A completed **Request for a Medical Contested Case Hearing** (form **DWC045A**) must be received by the DWC Chief Clerk of Proceedings within **twenty** days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. The party seeking review of the MDR decision shall deliver a copy of the request for a hearing to all other parties involved in the dispute at the same time the request is filed with the Division. **Please include a copy of the *Medical Fee Dispute Resolution Findings and Decision*** together with any other required information specified in 28 Texas Administrative Code §148.3(c), including a **certificate of service demonstrating that the request has been sent to the other party.**

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.